



ILLINOIS STATE TREASURER'S LINKED DEPOSIT PROGRAMS APPLICATION FOR DEPOSIT

Tracking Number

Office Use Only

PLEASE IDENTIFY THE LINKED DEPOSIT PROGRAM (CHECK ONE) AND TYPE REQUESTED INFORMATION:

Type of Linked Deposit	
<input type="checkbox"/> Cultivate Illinois: Agriculture & Environment	<input type="checkbox"/> Opportunity Illinois: Banking Development
<input type="checkbox"/> Employ Illinois: Business	<input type="checkbox"/> Opportunity Illinois: Citizen Soldier
<input type="checkbox"/> Employ Illinois: Child Care	<input type="checkbox"/> Opportunity Illinois: Community Development
<input type="checkbox"/> H.E.L.P. Employ Illinois	<input type="checkbox"/> Opportunity Illinois: Hospital Development
<input type="checkbox"/> Illinois Funds: Short-term Government	<input type="checkbox"/> Opportunity Illinois: Illinoisans with Disabilities

Dear Treasurer Giannoulas:

The undersigned, on behalf of the named Financial Institution, requests funding through the above-mentioned linked deposit program in the manner and form identified below.

It is agreed that funds from this program shall not be loaned to any director, officer or employee with lending authority (or immediate family member of such director, officer or employee) of this Financial Institution. If funds are received in the form of a repurchase agreement, the term of deposit shall not exceed 330 days.

It is agreed that if the participating Borrower fails to meet the objectives set forth in the application, the Treasurer may withdraw the deposit. The Financial Institution acknowledges that all funds must be transferred to the Borrower within 10 business days of the deposit date; otherwise, the Treasurer's Office may require the Financial Institution to pay a market rate of interest to cover any loss of interest incurred by the Treasurer's Office. Financial Institution also acknowledges that the funds cannot be used as a line of credit. The Financial Institution agrees to notify the Treasurer's Office of a full prepayment of a loan within 10 business days; otherwise, the Treasurer's Office may require the Financial Institution to pay a market rate of interest to cover any loss of interest incurred by the Treasurer's Office.

It is agreed that the Financial Institution must provide the Treasurer with a fully executed Letter of Agreement within 10 business days of receiving the deposit and that the Treasurer may withdraw the deposit if the Financial Institution fails to do so. It is further agreed that all information regarding the project is public information. The Treasurer's Office may release any information regarding the approval or rejection of the application or application for deposit.

Amount of funding requested: _____

Date when funds are needed: _____

Term requested (Please refer to program guidelines for term limits): _____

Type of funding:

☐ Time Deposit ☐ Repurchase Agreement
☐ Fixed ☐ Variable _____%

Conventional loan rate (as of the date of this application): _____

Name of Participating Borrower: _____

Name of Financial Institution: _____

Contact Person: _____ **Title:** _____

Phone number: _____

Signed: _____ **Date:** _____

For Cultivate Illinois send to:

Illinois State Treasurer Alexi Giannoulas
Cultivate Illinois Loan Programs
300 West Jefferson Street
Springfield, Illinois 62702
Phone: (217) 557-6436
Fax: (217) 557-6439

For Employ Illinois send to:

Illinois State Treasurer Alexi Giannoulas
Employ Illinois Loan Programs
100 West Randolph Street, Suite 15-600
Chicago, Illinois 60601
Phone: (312) 814-8953
Fax: (312) 814-3716

For Opportunity Illinois send to:

Illinois State Treasurer Alexi Giannoulas
Opportunity Illinois Loan Programs
100 West Randolph Street, Suite 15-600
Chicago, Illinois 60601
Phone: (312) 814-1244
Fax: (312) 814-3716